

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ Water ☐ Sewer ☐ Both

CERTIFICATED COMPANY INFORMATION

Company Name _____

Db/a/fka _____

Telephone _____

Mailing Address _____

City, State, Zip Code _____

Business Location _____

City, State, Zip Code _____

County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following:

A. Regulatory Officer: _____

Telephone Number / Facsimile Number / E-mail Address

B. Customer Complaints: _____

Telephone Number / Facsimile Number / E-mail Address

C. Engineering Operations: _____

Telephone Number / Facsimile Number / E-mail Address

D. Test and Repair: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____
(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

F. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

G. Customer Contact (Toll Free Number): _____

This form was completed by (print name) Signature

Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201